



Oregon's Kitchen Table – Safe Medicine Return in Oregon

EXECUTIVE SUMMARY

In spring 2021, MED-Project USA began working with the state of Oregon's Department of Environmental Quality to help implement Oregon's new law on safe medicine disposal. MED-Project partnered with Oregon's Kitchen Table (OKT) to conduct a statewide public engagement process focused on historically and currently underserved communities to better understand what would make it easier for families to be able to return their unwanted medicines.

The following executive summary provides an overview of the engagement process as well as high level findings. The attached report contains five sections:

- A description of the project's outreach goals and design;
- Themes and commonly shared perspectives from listening sessions and interviews;
- Important considerations for specific communities in Oregon who are currently and historically underserved by medical and governmental institutions;
- Perspectives shared through an online survey on Oregon Kitchen Table's platform;
- A brief conclusion; and
- Appendices, including annotated survey results.

ABOUT OREGON'S KITCHEN TABLE

Oregon's Kitchen Table is a program of the National Policy Consensus Center in the College of Urban and Public Affairs at Portland State University, and was created by a group of non-partisan, non-profit community organizations dedicated to helping Oregonians have a voice in public decision-making. Oregon's Kitchen Table creates public consultations to allow Oregonians to weigh in on policy questions posed by elected officials and public managers. OKT has been used at the state, local and regional levels to

gather feedback from a wide variety of Oregonians using both our online surveying tool to solicit input from thousands of participants and in-person community gatherings of various sizes and formats. The online surveying tool is not intended to be a scientific study; rather it is one way to allow the public to share ideas, beliefs, and values with decision-makers.

We are committed to engaging community members from all walks of life – particularly communities that typically have not been represented or engaged in public processes - to achieve deep engagement. Using culturally specific and targeted outreach, Oregon's Kitchen Table has a particular focus on hearing from Oregonians who have been left out of traditional engagement processes. We work with organizers, translators, and interpreters so materials and online and in-person consultations are available for Oregonians who speak a wide variety of languages and learn in a variety of ways. We recognize that people bring all different levels of knowledge and familiarity regarding issues / policies. We use approaches to ensure those who may not have as in-depth knowledge can still respond and share what they believe and have experienced.

OUTREACH AND ENGAGEMENT

The purpose of this Oregon's Kitchen Table project was to hear from people in different regions of Oregon, particularly people who are part of or directly serve historically and currently underserved communities, about what would make it easier for them to safely dispose of unwanted or expired medicines (both prescription and over-the-counter). In order to reach a number of different communities in different parts of the state, we designed a multi-faceted approach. We focused time, energy, and resources on working with community organizers and conducting interviews and listening sessions. We also offered an online survey in multiple languages as an option should people prefer that method. Due to COVID restrictions, all interviews, listening sessions, and meetings were conducted by telephone, Facebook, or Zoom.

FINDINGS

The following commonly held perspectives emerged across various discussions, communities, geographic regions, and the responses through the online survey:

- Many participants were unaware of the state's new program and also excited about new ways to safely dispose of their medicines.
- In interviews, listening sessions, and in online survey responses, many people expressed a desire to learn more about the program.
- We also heard that there was confusion over the new program / services and existing ways to dispose of medicines.
- Across all methods of engagement and communities, many people said they were not comfortable bringing their medicines to law enforcement offices or to events where law enforcement would be present.
- We heard differing viewpoints on the accessibility of hospitals or medical clinics.
- Safety concerns came up repeatedly.
- Many people also shared that they had concerns about privacy or confidentiality.

- Trust was another factor that many participants shared mattered to them.
- Participants emphasized how important it was to have as few steps as possible in order to encourage participation.
- People strongly preferred pharmacies as kiosk sites and frequently identified pharmacists as important and trustworthy sources of information about how / where to safely dispose of medicines.
- While many of the people we talked to shared that they felt like this program was critical for health and safety and the environment, they also said that including messages explaining why people should safely dispose of their medicines through these services is going to be critical in widespread adoption and use.
- While there was general agreement that hearing about it from a trusted individual in their community (many people noted the key role of doctors or nurses and pharmacists in providing information), there were distinctions in how people preferred to receive information.
- Across all forms of engagement and across many of the discussions with members of underserved communities, participants cited the important role of schools in reaching families, youth, and people living in multi-generational households.

The results of this engagement provide a sense of the values and beliefs held by those who participated at this particular time. Many people in Oregon and particularly those who are part of or working directly with underserved communities are focused on COVID-19 prevention, vaccination efforts, and related economic challenges. Depending on their roles and where they are based, several are also continuing to respond to the needs of communities and community members impacted by the state’s wildfires in fall 2020. These ongoing demands are front and foremost for people and naturally require a considerable amount of time, energy and resources, leaving little to no capacity for other activities. We are appreciative of the many people we talked to who were unable to participate in this community engagement effort at this time then connected Oregon’s Kitchen Table to other individuals or organizations they knew who could participate.

SECTION 1: PROJECT GOALS AND DESIGN

ENGAGEMENT GOALS

The purpose of this Oregon’s Kitchen Table project was to hear from people in different regions of Oregon, particularly people who are part of or directly serve historically and currently underserved communities, about what would make it easier for them to safely dispose of unwanted or expired medicines (both prescription and over-the-counter). As part of its rulemaking around the state’s new Drug Take Back Program, Oregon’s Department of Environmental Quality (DEQ), requires that program operators ensure convenient and equitable access to historically underserved communities. For this program, DEQ defines historically underserved communities as “minority, lower-income, rural and other historically underserved communities.”

(<https://www.oregon.gov/deq/FilterDocs/DrugTakeBackProgGuide.pdf>)

For the purposes of this project and in line with DEQ's rules around the Drug Take Back Program, OKT defines historically and currently underserved communities as Oregonians who are:

- Native American/American Indian/Native Alaskan
- Black, African, African American;
- Latinx or Hispanic;
- Asian and Pacific Islander;
- Slavic;
- Immigrants, refugees, and undocumented people;
- Linguistically diverse;
- People with limited vision, hearing, mobility, or other disabilities;
- Seniors / elders;
- Young adults;
- People living with lower incomes;
- People experiencing houselessness;
- Farmworkers, migrant workers; and
- People living in rural parts of the state.

We recognize that people identify with multiple communities and are not limited to just one category in how they experience the world.

DESIGN

In order to reach a wide variety of historically and currently underserved communities throughout Oregon, Oregon's Kitchen Table developed a multi-faceted set of engagement activities. OKT conducted one-on-one and small group interviews, group listening sessions, and presentations and discussions at standing / existing community meetings. Through this combination of activities, we aimed to hear from two overarching groups of people:

- A. Individuals and groups of individuals from different underserved communities and regions around Oregon. Because this project focused on distinct and unique communities who live in different parts of Oregon that have geographic differences, hearing from people with lived experiences provides insight into what barriers people in these communities face in trying to dispose of their medicines as well as the best ways to continue to reach and engage with them on this topic. In listening sessions, interviews, and the online survey, people shared both their own stories as well as stories from their friends, families, neighbors, co-workers and classmates. These stories help to create a deeper understanding of how people might interact with the Drug Take Back Program.
- B. People from organizations that directly serve members of communities that are historically and often continue to be underserved. These individuals may themselves be members of those communities. They provide important insight into how their communities interact with medicines as well as what the most comfortable places are for people to go to turn in medicines. These

organizations often provide health-related or other social services, often to multiple different underserved communities in their area or statewide.

We also offered an online survey in multiple languages (Chinese, English, Russian, Somali, Spanish, and Vietnamese) on OKT's online platform. Our outreach efforts for this project primarily focused on conducting interviews and listening sessions in order to ensure we were hearing from historically and currently underserved communities. In our experience online surveys are efficient and cost-effective methods for reaching educated, primarily English speaking, and white people with high digital literacy and accessibility. OKT tries to offer a variety of engagement platforms and particularly during COVID, we wanted to ensure that should people choose we had a method for quick, online participation. Notably, hundreds of Oregonians over the age of 65 participated through the online survey.

PARTICIPATION / OUTREACH

Oregon's Kitchen Table contacted over 80 individuals and organizations to introduce the project and set up interviews and / or listening sessions. These included community leaders, regional and / or local public agency staff, elected officials, community-based organizations and nonprofits, community healthcare workers, caregivers, and networks or coalitions providing services to communities. We also worked directly with culturally specific community organizers who arranged and facilitated listening sessions within their communities and in particular languages other than English.

OKT conducted a combined total of 33 virtual / telephone interviews, visits to existing or standing community meetings, and listening sessions by Zoom, Facebook or telephone. Approximately 140 people participated. Some of these listening sessions were voluntarily self-organized by those who OKT contacted or were arranged and facilitated by community organizers within their own communities. A total of 624 Oregonians responded to the OKT online survey available in English, Spanish, Russian, Chinese, Vietnamese, and Somali. These activities were conducted between May 1 and June 24, 2021.

Outreach was mainly conducted through individual emails and telephone calls as well as time on the agenda for OKT at existing / standing meetings. Outreach also included an email to Oregon's Kitchen Table email list, social media posts, and distribution by individual networks, particularly from those who participated in OKT interviews, listening sessions, and visits. Many of the organizations and groups who we held interviews or listening sessions with also shared the survey through their own listservs, newsletters, and networks.

SECTION 2: COMMON THEMES FROM LISTENING SESSIONS AND INTERVIEWS

Participants in listening sessions and interviews discussed specific topics, including kiosk and mail-back distribution location siting in their communities, community gathering spots and events, and outreach and engagement strategies. These topics and participants'

responses are shared below. People also often raised other important considerations that they felt MED-Project USA should be aware of and take into consideration as it implements its plan and makes adaptations over time. As one participant in an interview said about her hopes for the program, “I recommend that Med-Project continue to identify and lower the barriers to all communities that need to be served, as well as give this project a little time to flourish and evolve, then assess how best to do better or pivot strategies as needed.”

Appendix A includes the discussion questions OKT used in interviews and listening sessions.

AWARENESS OF PROGRAM AND SERVICES

- Very few people who participated in interviews or listening sessions were aware of any kinds of services for safely disposing of their medicines. Almost no one was aware of Oregon’s new program (the Drug Take Back program) and only a few people were aware of other services (like the twice annual Drug Take Back Days) offered in the past.
- Many of the people whom we met with shared how vital it was for their communities to understand why they should participate in returning medicines.
- There are deeply rooted cultural practices around what people and families do with their medicines once they themselves no longer want them or use them or even once they’re expired. Some people keep them in the event that they might be helpful - either for themselves or others - in the future. Other people might send them to family in another location as they are seen as valuable or useful, even beyond the expiration date. Other people shared that it was very important not to waste medicine of any kind, so even keeping them in their home was common rather than disposing of them. They shared that these values and practices are passed on generationally. We heard this from several different groups and individuals.
- Several people shared challenges they’ve faced in the past in trying to figure out how to best dispose of medicines. Sometimes they had to call around to several organizations or potential resources before finally finding somewhere they could bring their medicines. Other times they were advised to mix medicines with kitty litter or coffee grounds, though they weren’t sure if this was sufficient.
- Almost all participants had questions about what exactly could be disposed of and wanted to see that very clearly shown in graphics. In particular, people often wanted to know about sharps / needles / syringes as they shared that is a big need for people with diabetes and they worry about children finding used needles. If these items can’t be accepted through the program, people felt it was important for MED-Project USA to be able to then point people to other resources or services that would accept them.
- There was also interest in how exactly medicines are disposed of once they are collected or dropped off as well as wanting to know more about how participants’ privacy and private information related to medicines would be protected.

- Upon hearing or reading the name of the state’s “Drug Take Back Program,” participants also shared that they assumed it was a program for collecting illicit drugs or controlled substances. Several people said that if members of their community saw or heard the name of the program they would be hesitant to take part. We heard that it was especially important to take care when translating any materials from English to another language to make sure that this was clear to people.

Related Quote:

I really don't know what to do with my medications, if I no longer take the medications, I have a pile of medications in my cabinet. There is a medication return system in my pharmacy, but it is complicated to understand. They said only no controlled medication and I am not sure what that means. It is a big blue box, it looks like a mailbox, they have that available but like I said the sign they have is confusing. For example, there is an issue with the doctors when they prescribe the medication, they don't tell you if that is a controlled substance or not, so I don't know what to do, I want to dispose my unused medicine properly, but it is difficult when I don't know the classification of the drug use. I do not want to through the medicine to the trash or dispose it in the water.

**"Related Quotes" come from listening sessions and interviews. Community organizers, facilitators, and interviewers captured quotes that were illustrative of the discussion or conversation as best they could during these sessions. Translations are provided.*

COMMON PREFERNCES FOR KIOSK SITES

- One of the major barriers that people identified in various listening sessions was being able to easily get to a kiosk site, even if it was located nearby. Transportation is a challenge for people who don't drive, rely on public transportation or primarily walk to get to services. We heard this from seniors / elders as well as from some immigrant and refugee community organizers. People experiencing houselessness also shared that they or others in their community have disabilities, which makes mobility a challenge. Transportation was also an issue for people living in rural Oregon, given the distanced they might need to go to get to a clinic or pharmacy, for instance. For these communities, mailers that can be distributed or services that can pick up the medicines was the preference.
- Most of the groups and individuals we spoke with said that they or people in their communities would not return their medicines at a police station or other law enforcement agency location. Primary concerns about this kind of kiosk site were personal safety, confidentiality, and lack of trust. A couple of groups felt that if law enforcement must be included in the program, it is important to generate alliances or

partnerships with other entities that can collect the medicines and then take it to the police stations.

- Several different groups felt that pharmacies and health clinics were the most convenient and comfortable places to go to return their medicines. On the other hand, we heard that there is distrust of the medical community for several underserved communities as well as concerns that medical providers or pharmacists would disapprove of how people were using medicines or not using medicines.
- People said that they were worried that the collection kiosks or their own mailboxes might not be safe or might be targets if people knew or suspected there were valuable medicines in them.
- Several people thought that hospitals were challenging sites due to a lack of parking.
- Participants in interviews and listening sessions had many questions related to confidentiality and privacy. Even people who shared that they might feel comfortable with law enforcement or medical establishments expressed hesitation about bringing medicines to events or kiosks in those two settings because they might be asked questions that they either can't or aren't comfortable answering. One participant who is Black shared her experience and discomfort with returning medicine through a kiosk. She shared that she realized other people were watching her closely and thought she was trying to tamper with the box. Another participant who is Latinx shared her experience having to dispose of medicines on behalf of someone else who was not able to. A law enforcement agency was the only location in her rural community where she could dispose of the medicines, but she was concerned that she would be questioned about someone else's medicines or law enforcement would hold her for possessing someone else's medicines. She enlisted a friend who was white to accompany her and bring the medicines into the police station.

COMMON PREFERENCES FOR MAIL-BACK DISTRIBUTION PACKET SITES

- We heard that while people thought that mail-back packets might be more convenient and offer more privacy than a kiosk or event, they were concerned that their mailboxes might then become targets, particularly if the packets were larger. They also didn't feel confident that there was enough confidentiality in using a mail-back packet, particularly if they had a hard time removing confidential information on labels. If they were able to remove the medicines from packages with labels, they wanted more clarity that they could do that.
- Some people shared the same concerns about mail-back distribution sites regarding transportation. People often suggested looking for places that people go most regularly, such as schools and libraries in their communities.
- Churches or other places of worship such as synagogues or mosques were often cited as central gathering locations for their communities. Due to the trust community members also have for their faith leaders, people felt like they would be good places for both mail-back distribution sites as well as general information or fliers about the program.

Related Quotes:

I don't believe the envelopes will work for most of our community, few will trust that the envelopes will actually go to the place of disposal. But distribution sites for the mailers could be at the clinics, churches, schools, and pharmacies.

COMMON PREFERENCES FOR COMMUNITY EVENTS

There was a mix of responses to the types of community events and whether people thought their communities would bring their medicines to a drug-take back event at a community event. The following themes emerged, however:

- While people shared various popular community events in their communities, there was also hesitation about whether these were appropriate options for a take-back event. Some people were worried about safety if families were encouraged to bring their medicines to a community event. Other people worried about anonymity or confidentiality if they brought their medicines in person to such an event.
- There's also currently a lot of uncertainty around many of the events that people have gathered at in the past, due to COVID.
- Several participants suggested tying in any outreach and education about the program with standing health-related events. One tribal clinic staff suggested events their clinic holds in September for Suicide Prevention month, for instance. Several participants mentioned that recent and upcoming COVID-19 vaccination events geared at culturally specific communities would be opportune events to provide information and conduct outreach about the availability of safe medicine return services.
- Many people thought that community events could serve as important venues for outreach and education about the program.

COMMON STRATEGIES FOR OUTREACH, INFORMATION AND ENGAGEMENT

- Many people shared that including messages explaining why people should safely dispose of their medicines through these services is going to be critical in widespread adoption and use. Participants shared that it was especially important to explain the need to protect children, pets and loved ones living in multi-generational households.
- Several participants across different communities noted that graphics or images are often more effective than text. Some participants noted the digital divide for different communities and recommended paying careful attention to font sizes and strategies to inform people who are visually impaired.

- Participants pointed to key community leaders as trusted sources of information in their communities: doctors, pharmacists, faith leaders, and teachers.
- Other participants shared that the digital divide is very real, so whether outreach materials are electronic or hard copy there should be attention to font sizes in addition to using visuals.
- One participant suggested considering organizations or individuals who are involved in end-of-life services or funeral services would be important connectors to the program. She thought grief counseling organizations or estate attorneys and funeral directors - people families turn to when loved ones pass away for assistance - could also share the information and mailers as requested. Chaplains for hospitals and the hospice programs can add this disposal practice to the 'checklist' of *what to do when someone dies*.
- Some of the participants who participated in listening sessions were also caregivers and shared how important it was for them in their work to understand how to help make sure the people they were caring for - either in facilities or at home - could or knew how to dispose of their medicines safely. Other people thought that it was important for certain professions or workplaces to receive education on safe medicine disposal, including caregivers, pharmacists, community health workers, medical or hospital staff, and staff in city or regional recycling or waste programs.

Related Quotes

For me, all three would be valuable: education, how, why and access. The primary thing is the education and why you need to dispose of the medication properly is key for this issue. Education is a big piece and the more access to dispose of the medication would be beneficial.

We need info on why this is important. Sometimes we hoard because we don't know if our friend will need something.

SECTION 3: IMPORTANT CONSIDERATIONS FOR SPECIFIC COMMUNITIES

While many of the same themes emerged from the different interviews and listening sessions, we also heard some specific preferences or suggestions. Some of them were individual to a particular community and others came from more than one particular community. Because the goal of engaging with historically and currently underserved communities is to ensure more equity in access to the services of the Drug Take Back Program, it's important to note what would be more accessible for each of these particular community groups.

There were also a number of responses through various engagement formats that are specific to a particular geographic area, especially regarding locations or events that people might feel most comfortable going to in order to return their medicines, pick up a mail-back packet, or as venues for outreach and information sharing about the program. These were provided to MED-Project USA.

SPECIFIC PREFERENCE FOR KIOSK SITES

- Participants thought that culturally or community specific pharmacies and clinics would be good locations for kiosk sites in their communities. For example, for Slavic communities in East Multnomah County / Clackamas County, Roman Market in SE Portland has a pharmacy on site and could be a culturally-specific location for a kiosk. Many people in the Slavic community go to Kaiser clinics for medical services due to Russian-speaking staff and doctors. For a group of people experiencing houselessness in Eugene, the White Bird clinic filled this role.
- One person who works with and is a part of the Somali immigrant and refugee community shared that people in his community would likely not utilize a kiosk at a hospital as they aren't easy places for them to navigate and are easy to get lost in or lead to confusion about where to find the kiosk.
- We interviewed one individual at a social service agency serving people struggling with housing and living with lower incomes who was in the process of having a kiosk placed at their clinic. He described what a lengthy and challenging process it had been, but said, "If we weren't so passionate about this, we might have given up." He shared that this was the best possible option it was for the communities they served, as they wouldn't go to a law enforcement office and dealing with the steps involve in getting mail-back packets and then mailing them was too involved.

Related Quotes:

Spanish: "Sabemos que la policía ha trabajado con ICE, entonces la policía sería la peor idea para llevar este programa. Pero se podrían buscar otros aliados como las farmacias, clínicas, lugares privados, clubs como Herbalife y sean ellos que recojan los medicamentos y luego sean llevados la policía"

Translation in English: "We know that the police have worked with ICE, so the police would be the worst idea to run this program. But it could be done through other allies such as pharmacies, clinics, private places, or clubs like Herbalife. These allies could be the ones who receive the medicines and then give it to the police."

SPECIFIC PREFERENCE FOR MAIL-BACK DISTRIBUTION PACKET SITES

- Some participants experiencing houselessness said that not having a mailing address was a barrier to requesting mail-back packages through the mail, though they pointed to particular community-based service organizations that could serve in that role such as the White Bird Clinic for people living in Eugene.
- Several people in different rural communities in the state shared that the option of mailers sent directly to people's houses was appealing, because people live in such remote areas and have to drive at least 20 miles to go to a library or post office branch.
- People also shared suggestions about using mobile clinics (especially those serving those experiencing houselessness, elders, or people living in rural areas) or local transportation organizations that offer transportation for local needs and medical appointments for delivering or offering mailers. Some of these drivers already are transporting prescriptions back and forth. In some communities the Red Cross serves as a drug courier and might be an accessible way to also deliver mailers along with those medicines.
- People also thought that some of the same specific locations that could potentially host a kiosk would also be good sites for mail-back distribution packets. These included culturally specific markets for the Slavic community, the Somali community, and the Latinx community.

Related Quotes:

Every bag from the pharmacy should have a QR code with all needed information such as dropout locations and safety precautions.

I don't believe the envelopes will work for most of our community, few will trust that the envelopes will actually go to the place of disposal. But distribution sites for the mailers could be at the clinics, churches, schools, and pharmacies.

SPECIFIC PREFERENCE FOR COMMUNITY EVENTS

While people shared various popular community events in their communities, there was also hesitation about whether these were appropriate options for a take-back event. Some people were worried about safety if families were encouraged to bring their medicines to a community event. Other people worried about anonymity or confidentiality if they brought

their medicines in person to such an event. In addition, there's currently a lot of uncertainty around many of the events that people have gathered at in the past, due to COVID. Many people shared that the following particular events would be important venues for outreach and education about the program:

- Many communities suggested that specific cultural events (such as the annual Slavic Festival) in their communities would be good venues for education and outreach. These are often held in summer months, though there was some uncertainty about whether they would be held in 2021 or if they were held, whether they would be scaled back due to COVID restrictions
- People who lived in rural communities in different parts of the state suggested county fairs, rodeos, music festivals or arts festivals were all events that community members have often attended in the past. As with culturally-specific events these often take place during summer months.
- In one listening session, participants offered the following strategies for making sure a take-back event was comfortable and accessible for Latinx community members: have a friendly face at this event; have people who can speak Spanish, and are familiar to people at the event; have a health navigator or another type of volunteer who is not in a uniform; and promote a public health message for why people should care or participate.
- One person working with people experiencing houselessness thought the people they served would only attend an event if it were free.

SPECIFIC STRATEGIES FOR OUTREACH, INFORMATION AND ENGAGEMENT

- Participants from communities who primarily speak languages other than English repeatedly emphasized the need to translate all information in other languages. They shared when they were aware that Google translate is used versus working with a translator from within a community. They also noted that if just an initial landing page on a website or just a flyer sending people to a website is translated, but the rest is all in English, people in their community will simply stop and not take further steps.
- One Latinx community organizer suggested that MED-Project USA work with communication people and / or artists from within culturally specific communities to develop outreach materials that are culturally relevant. Participants shared concern that a promotion strategy and education plan produced by large "Anglo" marketing and public relations firms will take into consideration the distinctions and diversity within their individual unique communities from one end of the state to the other.
- Another Latinx community organizer emphasized that messaging around the program should include something that relates to the real life of the community, so it is easy to understand why it is necessary to dispose of medicines properly.
- There are also some community-specific forms of communication, such as Spanish language radio in the Gorge and on the Coast and Russian language radio in the Portland Metro area, that are key outlets for information.

- One participant also shared key considerations for people who are visually impaired, especially if information and directions for the program are primarily web-based. She thought that many of the digital tools people might use, such as plugging in a zip code and looking at a color-coded map, were challenging, particularly for visually impaired people without technology tools. Toll-free phone numbers, even ones with an automated response, would be more widely accessible for people. She recommended that MED-Project USA develop strategies to make sure people who are visually impaired can access information.
- Participants who are located in rural parts of Oregon suggested that one way to get the information to older adults, especially ones who are isolated and / or have limited mobility, is to partner with social service agencies supporting seniors like meal delivery organizations like Meals on Wheels, to provide information and mailers. Local granges and churches are also often places where people in very remote parts of Oregon connect and might serve best as venues for outreach and education.
- Mexican markets in various communities around the state were mentioned as a good place to display information about how and why to dispose of unused medicine correctly, especially during the weekends.
- Several people mentioned seeing an increased use of Tik Tok in younger generations within their communities and that this could be an effective platform for PSA messages on safe medicines return. Others - particularly in a few of the Latinx and Spanish speaking community listening sessions - thought that creating short Facebook Live or YouTube videos would be effective ways to share information about the program.

Related Quotes

Information could be distributed in the Mexican grocery stores and in all grade levels in the schools to take home. After all, the children are the ones who share the information with the abuelitos y tios at home (grandparents, aunts and uncles).

It would take a lot of education to learn how to use the mailers. Younger Somali youth in the household who speak English might help older adults.

We should start with the children, teach them first. They can be the voice for the family. They are influencers (like telling family members to stop smoking, or recycling things because of the environment...) Older family members will listen, because the students are explaining the rules of this country, backed by what the teacher said that day – if she said it, it is so. Teachers are trusted.

Russian: Мы заботимся об окружающей среде и хотим помочь, но нам нужно больше информации об этой программе на русском языке. Translation in English: We care about our environment and want to help but we need more information about this program in Russian.

It's easier for me to access websites and receive emails with links to the information on my computer and phone. I use a screen reader – JAWS (Jobs Access With Speech). It was originally designed for folks to find and keep jobs. I can also download materials. Web based access should meet ADA requirements. There are several apps available – voice over and speech programs for iPhones and Androids- and for us to download for scanning. If I get printed materials, I have to use a machine to scan. I don't use Facebook or social media. I also use a braille keyboard for writing and note taking. People who do not have all of the technology I have may need some other ways to be informed. It is important that family members know.

OVERARCHING CONSIDERATIONS FOR SPECIFIC COMMUNITIES

People also shared more general important information that was specific to their communities regarding medicines, healthcare, differences in how people communicate, and other key needs. These include:

- Several participants shared how important long-term relationship building was for them and their communities to build trust around aspects of the program. This was especially true for communities with long-standing mistrust of government agencies, healthcare providers, or pharmaceutical companies due to a variety of historical events, approaches, and interactions. We heard this from Black, Indigenous, and

other people of color as well as immigrants and refugees, the Slavic community, people living in rural areas, and people experiencing homelessness.

- One Native community member shared that a key cultural consideration for people in her community was privacy, especially around mental health. She felt that privacy was especially tied to fear of judgment regarding the use of a range of medications. She also shared how important it was to take into consideration the unique relationships and dynamics of multigenerational homes when it comes to medicines and disposal of medicines.
- Another participant shared the following key considerations from a tribal perspective: elders face challenges in organizing their own medicines and that while caregivers and caregiver education ought to be a focal point in then helping elders get rid of medicines, there is a lack of home health nurses and community health workers who could be essential in providing oversight and education about medicines in the home.
- A couple of participants from Native communities shared that thinking about safely returning medicines also raised concerns for them and their communities about why so many medications are prescribed by providers or given out in the first place.
- One community organizer who led several sessions with various groups from the Slavic community noted differences in responses from different generations. Older generations, particularly seniors, shared that they wanted more hands-on help in walking them through what they should do with their medicines. Youth shared that they preferred to see digital solutions, such as QR codes on medicine packets, that could easily inform them of how to return their medicines.
- Participants in a couple of the Latinx listening sessions shared that their children would likely be the ones to assist them in understanding how the program works as well as in actually disposing of the medicines. For many of the communities that had elders who don't speak English, younger generations often assist in administering medicines for grandparents or parents.
- People who were part of immigrant and refugee communities shared how important cultural considerations and distinctions are within broader groups that might share a language or a country / region of origin.

The Somali community, for instance, is not homogenic but is made up of various ethnic and tribal distinctions. Educating and in-person teaching must be in separate groups - one for men, and another for women. And as in other resettled communities, there is a range in the levels of education and literacy they bring.

There are also important distinctions throughout Oregon's Slavic communities, such as important cultural and religious community centers. In some geographic areas, a synagogue is a key gathering place for members of the Slavic community and in other areas a Pentecostal Church is the community's center.

Related Quotes:

Children are the influencers. Older family members will listen, because the students are explaining the rules of this country, backed by what the teacher said that day – if she said it, it is so. Teachers are trusted.

Spanish: “A mi me da vergüenza regresar alguna medicación que no se ha terminado, y así es nuestra comunidad Latina. Pensamos en que habrá alguna consecuencia si regresamos a la medicina. Nos da vergüenza que el doctor vea que no terminamos la medicación. Tenemos miedo de que por regresar la medicina no nos den más atención médica o nos quiten los beneficios.

Translation in English: “I am ashamed to return medication that has not been finished, and that is how it is for our Latinx community. We think that there will be some consequences or retaliation if we return the medicine. We are embarrassed that the doctor sees that we did not finish the medication. We are afraid that by returning the medicine they will not give us more medical attention or take away the benefits.”

SECTION 3: ONLINE SURVEY

While the focus of this project was on listening sessions and interviews with people who are members of and / or directly work with underserved communities, OKT also provided an online survey as an option if people preferred to provide input through that format. 624 people took the survey, which was offered in Chinese, English, Russian, Somali, Spanish and Vietnamese. It was shared with both the OKT email list of ~16,000 Oregonians as well as through other networks, including the networks of many of the people who participated in interviews and listening sessions.

The OKT survey provided some background on the state’s new program to provide services to help Oregonians dispose of their medicines. Next, participants were asked a series of questions about their knowledge of the new program as well as their comfort level with services the program provides, such as kiosk and mail-back distribution locations. Participants were then asked about barriers to accessing or utilizing those services and for suggestions for what mail-back distribution sites and suggestions for take back events to coincide with community events. Participants were also asked about their preferences and their community’s preferences for outreach and updates about safe medicine return. Finally, participants were asked a series of demographic questions

The raw data was processed and analyzed by OKT staff. The following analysis includes a summary of results and excerpted comments from open ended questions; all responses to these questions were provided to MED-Project USA as a separate file.

OVERVIEW OF RESULTS

Some shared beliefs and preferences emerged in responses from participants in the online survey. These are:

- Pharmacies were repeatedly point to as the most accessible location to return medicines in different areas and for different communities
- Many people thought that doctors and staff at medical clinics would serve as the most trusted information providers on this topic
- Even though many people thought that mail-in packets would provide the most accessibility or be the most convenient, they also had remaining questions or concerns about privacy or confidentiality.
- People also expressed some confusion and had questions about what medicines can or can't be turned in through the program and shared a desire for more clear information

Awareness / Understanding of Program or Services

Only a small number of respondents, 3%, were aware of the state's new program for safe medicine return. 68% said they did not know about it at all and 29% knew a little bit. Many people also asked for additional information about what they could return through the program and what they should be doing with labels or identifying information. One participant said, "We need more information about how to turn in unwanted medication. Can we take the meds (pills) out of the original containers and just turn them in loose in a plain envelope, therefore making the meds anonymous. Might allay some people's fears about privacy concerns." Other participants shared that it was important for people to know both the public health and environmental reasons for the program.

Some people also noted that they were aware of a location in their community (usually a pharmacy or police station) where they knew they could take their medicines. They also knew about some of the federally run Drug Take Back days held twice a year.

Excerpted Comments

I think there needs to be greater clarity about what is accepted at a take back. For instance, although some OTC items can be returned, others are refused. Like expired sunscreen and Benadryl spray. At least at my last return.

I suddenly find myself with a number of unwanted medications as my doctors search for a way to combat a newly diagnosed condition. I'm now even more aware of the amount of unwanted medications that pile up & I'm just one person. The problem is that those of us who have the greatest need to get rid of meds often no longer drive and/or find it difficult to get around. The quickest, easiest way they can be disposed of is important for the group that have the most to get rid of.

Most parents I know keep meds "just in case", like just in case that problem comes back, or just in case there is an earthquake or some other disaster.

**"Excerpted Comments" are taken directly from sections of the online survey where respondents could enter in comments in their own words. These are illustrative of common responses among the hundreds of responses submitted in each section. OKT doesn't alter these for typos, spelling, or grammar. Rough translations are provided.*

Preferences for Kiosk Sites

45% of participants said it was easy and comfortable to return their medicine through a kiosk at a pharmacy. The remaining location options - health clinics (25%), hospitals (14%), and law enforcement agencies (13%) - were less comfortable and easy for people. 2% said none of those options were comfortable or easy for them.

In other sections of the survey, people frequently referred to pharmacies as the most convenient for them.

Comments that touched on law enforcement revealed differences in how safe people perceived places like police stations. Some people felt like it would not be a comfortable place for themselves or for the broader community. One person wrote, "I wouldn't drop off my medication with police. They make people nervous and feel unsafe. I and others I know would drop them off at a pharmacy." Other people shared that they felt more secure in returning their medicines somewhere like a police station than other places or through the mail. As one person commented, "The drop box at our police station is secure and easy to use. I think it is an old mailbox. I appreciate the ability to safely and securely dispose of meds. I do usually take off the labels or deface them, just an extra step that makes me feel more secure."

Excerpted Comments

It would be great if pharmacies could take back unused meds because they distribute them; they would need help to get the word out to the public. Doctors offices, metro garbage service, and hospitals could get the word out for proper "disposal" at pharmacies.

Many people I know would not be comfortable going to a police station for this. Privacy concerns in general too, they want an anonymous way to use this service.

It should be the pharmacy's role to do this. They dispense medications so they should take them back. We all trust pharmacies to be able to keep medications secure. However many do not have drop boxes for these and to often I have taken old meds in but the box is full.

Preferences for Mail-back Distribution Packets

Participants were next asked about locations that they would most likely go to be able to pick up a self-addressed, stamped mail-back packet for returning their medicines in the mail. They were given a set of possible locations and also asked for suggestions for other places open to the public that were convenient and often used in a community. 30% of respondents selected their community library, followed by a fire station (16%) and a community center (14%) or community recreation center (12%). People were less likely to go to a county office (5%) or city hall (9%) and 7% would not go to any of the options.

When asked about what the barriers might be for picking up a mail-back packet at one of these places, people most often selected that "None of these places are easy for me to get to" (34%) or "It's too complicated or there are too many steps I have to take" (22%). 11% of people said they might pick up a packet but don't think they would take the next step to mail it. 6% said they don't feel comfortable at any of these places. For people who cited another reason not listed (11%), several shared that they would most likely go to a pharmacy for a mail-back packet instead of the other places listed. Others said that current COVID restrictions in their communities meant that these locations weren't currently open to the public, had restricted hours that made them inconvenient, or that it was hard to find parking at them. One person wrote that wouldn't go to any "places that make you go through security screening to enter or seem like they're going to track, suspect, or scrutinize you."

Participants were then given the opportunity to share other important places that are open to the public near them. Common responses included the following places:

- Pharmacies
- Grocery Stores
- Post Office
- Medical Offices / Hospitals / Health Centers
- Schools

In this section, participants also were asked whether or not they would go on a website or call a number to request a mail-back packet be mailed directly to them. If they selected “no” or “not sure,” they were also asked why not. 73% of people said they would, with 13% selecting “no” and 14% “I’m not sure.” The most common reason was “It’s too complicated or takes too much time” (37%). The remaining reasons were less common: “It takes too much time” (19%), “It’s not comfortable having someone send me something” (17%), and “I might ask for it, but I don’t think I would use it” (10%). 17% of people selected “other” and the most common responses touched on the following themes:

- Drop off sites or packet distribution sites seemed the most convenient and easiest
- People didn’t feel like they had enough medicines to get rid of to warrant requesting a packet
- Concerns about resources involved, such as money, time, and materials
- Some people didn’t want to use a website for this purpose
- Concern about anonymity and use of personal information that would need to be provided through the website

Excerpted Comments

For me, pharmacies are the easiest place to pick up a package for mailing OR to drop off unneeded medications.

Have you considered delivering these annually to everyone, like the "stamp out hunger" food donation bags?

I would rather take it to a drop off than use the mail. Mail is increasingly unreliable.

Potential Community Events

In the next section, participants were asked about whether they might return their medicines at a community event and what community events are popular in their communities. Half of respondents said they would (50%) while the other half either said they wouldn’t (27%) or they weren’t sure (23%).

People suggested the following types of events as potentials for a take-back event:

- Neighborhood street fairs
- Farmers markets
- Solid waste days at local transfer / recycling stations
- Summers concert events / series
- National Night Out events
- Neighborhood cleanup events
- Repair or Fix It fairs
- County or state fairs

Some people said that they still had concerns about whether having law enforcement present would be comfortable or a barrier for people bringing their medicines to return at events. Others said that they thought returning to a kiosk at a place like a pharmacy would still be more convenient than at a community event.

Excerpted Comments

Spanish: Eventos de organizaciones como Latino Network, Rosewood Initiative, El Programa Hispano

English translation: Events hosted by organizations like Latino Network, Rosewood Initiative, El Programa Hispano

I think carrying such items to a public event is less desirable than returning them to participating pharmacies

Health fairs, blood pressure reading activites, often held at churches.

Living in a very rural community, and being a strong introvert who does not attend public events, turning in unwanted meds is challenging. The process needs to be via mail or a quick drive by drop off, similar to how I sometimes mail a letter in one of the blue boxes.

Outreach, Information and Engagement

Participants were then asked a set of questions about the best ways to share information and to stay engaged about the program and its services. This was one clear area where participants differed. The top two trusted ways to share information were “through people that I or others in my community know and trust” (22%) and “media like tv, radio, newspapers or online news sites (22%). “Postcards or flyers” either in the mail (21%) or in public places (19%) were the next two most common choices. 14% of people selected social media platforms.

There was also no clear strong preference for how people would like to stay informed or continue to engage about safely returning their medicines. Pharmacies were the top choice (23%), followed by doctors or other health care providers (17%) and email (16%). Mailings (14%), surveys (12%),

community meetings (8%), social media exchanges (7%), and program-specific meetings (3%) were less likely to be methods for outreach and engagement on this topic.

In places where participants could share their thoughts in their own words, common responses related to outreach, information, and engagement often referred to the importance of including messages about the environmental impacts and safety implications of improper medicine disposal so people understand why they need to take steps in safely disposing of medicines. Other responses touched on the need to share information widely and through multiple different channels.

Excerpted Comments

Add the information to city guidelines for disposal (i.e. Portland Curbsider), make sure Master Recyclers know, share information with senior centers

Spanish: Creo que es primero educar con los pasos de como hacerlo y porque hacerlo, y despues implementar el proceso de donde dejar los medicamentos.

English Translation: I believe that first you need to educate people about what steps to take and why do it, and then implement the process of where to leave the medications.

Spanish: Hacer talleres, por que la mayoria NO sabemos que existe un sitio para regresas medicina que no queremos.

English Translation: Do workshops, because most of us DO NOT know that there is a place to return medicine that we do not want.

Spanish: La comunidad latina inmigrante depende mucho de las escuelas para recibir información sobre programas de gobierno.

English translation: The Latino immigrant community relies heavily on schools for information on government programs.

As much public education S possible about why this is important. People are busy and preoccupied with their lives. They don't pay attention to issues like this unless they hear/read it repeatedly.

There are important messages, such as proper disposal keeps medicine away from illegal use and, it keeps it out of rivers and streams (good for environment) by not flushing down toilet.

Common Community Barriers to Participation in Safe Medicine Return

Finally, participants were asked to think about other people in their communities and to share what barriers people might encounter in returning their medicines. The primary challenges that people thought people in their community face are:

- Lack of places where people could drop off medicines in their community (19%)
- Too complicated or requires too many steps (19%)
- Privacy concerns (19%)
- Difficulty getting to places where they could drop off medicines or get a mail-back packet (18%)

Fewer people thought time that returning medicines takes (13%) and comfort or safety in returning medicines (8%) were significant barriers for their community.

Excerpted Comments

Two issues occur to me: Privacy issues about the name etc. on the drug label. Safety issues about sending Take Back packages through the mail (I've found stolen mail near my home & returned it to my USPO). I'm sure there are solutions, though.

The drop off places should be open long hours or else have drop off slots that are open all the time for depositing the unwanted medicines. Would they take all forms of medicines, including liquids?

For me and those I know, the only barrier would be if the only places to bring old medications is farther away. I thought about bringing in an old bottle of medication for a drug take back event, but I would have had to drive two ways 20 minutes, so I didn't. I could easily bring it to a local pharmacy if I knew that to be an option, however.

SECTION 4: CONCLUSION

As MED-Project USA moves forward with implementing services and then adapting them over time, there will need to be ongoing engagement opportunities, particularly as people become more familiar with the program and its offerings and as communities' demographics change. As one group noted in one of our listening sessions, demographics are shifting in some rural areas of counties, too, and immigrant and international communities are growing. The extraordinary efforts that participants have been leading or involved with throughout COVID also lends itself to important lessons, best practices,

and models in terms of outreach, information, and engagement methods for unique communities in Oregon.

Participants also shared their hopes for a close collaboration between the Drug Take Back Program providers and the Oregon Health Authority, particularly with OHA's programs and staff that have built trusted relationships with unique communities in the wake of COVID19. One community organizer from an immigrant and refugee community, noted that they felt OHA had been "considerate of our different cultural, communications, and language aspects of our community" during COVID. Another participant from a tribal clinic noted the strong connection they had with an OHA tribal liaison.

In addition, as Oregon and communities emerge from COVID, there will likely be different opportunities for both engagement and returning medicines than was identified during this project. Businesses or community organizations may re-emerge as key locations in the coming months; popular community events may resume. At the same time, the locations and events people previously would find convenient and easy to access may cease to operate. People's relationships to law enforcement and medical institutions are also changing and will likely continue to shift over the coming months.

While this engagement process was designed to be both broad and focused on unique communities in different regions throughout Oregon, there are also certainly other underserved communities whose perspectives will be important to hear as MED-Project rolls out and assesses its various services around the state. MED-Project could consider the various outreach and engagement approaches that communities shared work best for them through this community engagement process and connect to the community leaders or organizations serving historically underserved communities that were identified in this project. We encourage continuing to employ culturally appropriate and multiple languages, including plain language, in all communications as well as translators and community organizers from within those communities.

**Safe Medicine Return in Oregon
Listening Sessions and Interviews
Discussion Questions and Background Information**

INTRODUCTION:

The state of Oregon has a new program to make sure people have ways to get rid of their family's unwanted medicines safely. The program gives people places to turn in unwanted medicines rather than throw them away or flush them.

Oregon's Kitchen Table - a program at Portland State University that helps people in Oregon share their ideas, opinions, and beliefs about different issues - and one of the groups working with the state on this program, MED-Project USA, are asking you to tell us what the easiest way would be for you to turn in your unwanted medicines in a safe and secure way.

The state's new law wants to make sure this program serves "minority, lower-income, rural and other historically underserved communities."

Key to this listening session is hearing about distinct experiences and cultural considerations that would help or hinder someone from deciding how best to return or dispose of unwanted medicines.

We also welcome new ideas and options you believe would encourage family, friends, neighbors, co-workers, others for a safe and easy way to do so.

Your input will be very helpful to make sure that the program is accessible and provides convenient services.

In addition to listening sessions, we're also collecting input / feedback in a number of ways: small group interviews and an online survey in six languages.

<https://www.oregonskitchentable.org/consultations/current>

All responses will be collated and processed into a summary report.

All responses will be confidential!

None of the responses will be tied to a name or anything else that identifies an individual.

QUESTIONS THAT MIGHT BE PART OF THE DISCUSSION

- What comes to mind when you hear the phrase unused, unwanted medicine or expired medications?"
- Have you heard about Oregon's new program to make sure people have ways to safely get rid of medicines they no longer want?

- Are there locations on this list where you and members of your community could easily go to drop-off expired or unwanted medication? What location(s) would you use?

- Hospitals
- Health Clinics
- Pharmacies
- Law enforcement offices, like police stations, sheriff's stations, probation offices, or campus security offices

- Are there locations on this list where you and members of your community could easily go to pick-up pre-paid/pre-addressed mail back packages and envelopes to mail-in expired or unwanted medication? What location(s) would you use?

- Library
- Community Center
- Fire station
- Town hall
- County offices
- Non-profit groups like the Salvation Army
- Community recreation centers
- Any other important places near you that are open to the community?

-
- Another way for people to turn in medicines they no longer want is at a public event where law enforcement would be there to make sure that medicines are stored safely. Most often these are community events like county fairs or events where you can get rid of household products like paint or cleaning products. Are there any important events in your community where people might feel comfortable dropping off medicines they no longer want?

- Would you ask for a mail-back package be sent to you (to an address where you can get mail) by going on a website or calling by phone?

- What might make it hard for you or people you know in your community to take part in this program in any of these ways?

- There aren't any places where people could drop off unwanted medicines in our community.
- It takes too much time.
- It's too complicated or there are too many steps people have to take.
- People I know would be concerned about their privacy.
- People I know don't have a way to get to any of the places where they can drop off unwanted medicines, get a mail-back packet, or attend an event.
- People I know wouldn't feel comfortable or safe returning their unwanted medicines.
- Other _____

- What are some of the trusted sources that would be good for raising awareness about the program and how people can turn in their expired and unwanted medicines?

- People that I or others in my community know and trust. This could be doctors, pharmacists, community elders, clergy or religious leaders, elected leaders or community health workers.
 - Signs or posters in public places
 - Social Media like Facebook, Instagram, Twitter, Tik Tok or Clubhouse
 - Other types of media like tv, radio, newspapers or online news sites
 - Postcards or flyers to an address or PO Box
 - Other sources? _____
- What are the ways you or your community might want to continue to stay engaged about whether the services are easy for you to use or any updates about the program?
 - Through surveys – online or paper?
 - As part of community meetings that I or people in my community already attend
 - Listening sessions set up specifically about the Drug Take Back program
 - Exchanges on social media like Facebook, Instagram, Twitter, Tik Tok or Clubhouse
 - Through health care providers or health clinics
 - Through my pharmacist or where I get my medications
 - Email
 - Mailings to an address or PO Box
 - Other _____
 - Would you be willing to host or connect us to others in your community for a group listening session? What might be a good time and location for a listening session? Would people you know prefer an online survey?
 - What do you most want MED-Project USA to think about as they plan for services to make sure that you and people in your community are able to participate in returning unwanted medicines safely?

THANK YOU FOR SHARING WITH US! Your input will be combined with survey data and other input from listening sessions in a report to MED-Project USA this summer. You can find out more about MED-Project' USA's work in Oregon here - <https://med-project.org/locations/oregon/>. Oregon's Kitchen Table will share a summary report here - <https://www.oregonskitchentable.org/results>.



INTRODUCTION

The state of Oregon has a new program to make sure people have ways to get rid of unwanted medicines safely. The program gives people places to turn in unwanted medicines rather than throw them away or flush them. This program is called the Drug Take Back Program.

The state would like to know what the easiest way would be for you to turn in your unwanted medicines safely. Would you please fill out this survey to share your thoughts about that?

You are a part of the community and your input means so much. Your answers will help make it easier for all of us as we try to make sure we safely get rid of medicines we no longer want.

Please fill out this short survey if you live in Oregon. You and others can fill it out until June 16, 2021. We will share these results with MED-Project. We will also put results on our website (<https://www.oregonskitchentable.org/results>), and we will send you a link to the results.

We value your opinion! Please invite your friends and family to fill out the survey, too.

All answers will be private. We will not tie them to your name or contact information.

BACKGROUND

What is MED-Project USA?

MED-Project USA is a non-profit group that offers ways for people to turn in medicines that are expired or they no longer want. You can read more about MED-Project USA and their work with Oregon here - <https://med-project.org/locations/oregon/>.

Now Med-Project USA is working with the state to make sure that drop-off sites and other ways of turning in medicines are easy for communities around the state. They are working with Oregon's Kitchen Table to hear from people in Oregon, especially historically underserved communities.

What is Oregon's Drug Take Back Program?

Through this program, people in Oregon can return medicines that are expired or they no longer want safely by:

- Leaving them at drop-off sites
- Picking up mail-back packets, or
- Asking for envelopes be sent to people that are prepaid and addressed to turn in their medicines by mail

You can read more about Oregon's program to safely get rid of medicines here and why it is important here - <https://www.oregon.gov/deq/Hazards-and-Cleanup/hw/Pages/drugtakeback.aspx>.

How can I help?

Please share your ideas and thoughts by filling out this survey! Your input will help people all over Oregon get rid of medicines safely. Please ask your friends, neighbors, family members and colleagues to take this survey too.

Will my answers on this survey be private?

Yes. All answers will be private (confidential). They will not be tied to your name or contact information, if you choose to share those.

You can read about Oregon’s Kitchen Table’s privacy policy here - <https://www.oregonskitchentable.org/privacy-policy>. If you have any questions, please email Oregon’s Kitchen Table at info@oregonskitchentable.org.

How will MED-Project USA use the results of this survey?

MED-Project USA will get a report based on the survey answers. Also, Oregon’s Kitchen Table will share with MED-Project USA what we hear from interviews and listening sessions. Together, all of this will help MED-Project USA decide about where and what kinds of extra services to offer in different communities. The report will also be posted on Oregon’s Kitchen Table’s website at <https://www.oregonskitchentable.org/results>.

SURVEY QUESTIOS

Note: Some percentages may not be exactly 100% due to rounding.

Oregon has created the Drug Take Back Program so people could safely get rid of their unwanted medicines.

1. Before today, how much did you know about Oregon’s new program for people to safely turn in their unwanted medicines?

RESPONSE CATEGORY	N=61
	5
I knew a lot	3%
I knew a little	29%
I did not know about it at all	68%



2. Which of these places would be easy and comfortable for you to go to drop off medicines you no longer want? Please mark all that apply.

RESPONSE CATEGORY	N=1,261
Hospitals	14%
Pharmacies	45%
Health clinic	25%
Law enforcement agencies like police stations, sheriff's stations, probation offices, or campus security offices.	13%
None of these	2%

3. Which of these places would be easy and comfortable for you to go to pick up a special package for you to mail medicines you don't want? You then mail the package through regular mail. Please mark all that apply.

RESPONSE CATEGORY	N=1,535
Library	30%
Community Center	14%
Fire station	16%
Town hall	9%
County offices	5%
Non-profit groups like the Salvation Army	7%
Community recreation centers	12%
None of the above	7%

4. If you marked "None of the above", please share why none of these options would work for you.

RESPONSE CATEGORY	N=18 5
It takes too much time.	17%
It's too complicated or there are too many steps I have to take.	22%
None of these places are easy for me to get to.	34%
I don't feel comfortable at any of these places.	6%

I might pick up an envelope or box, but I don't think I would then mail in the medicines I no longer want.	11%
Other	11%

5. What are other important places near you that are open to the community and not on the list above where people could pick up a mail-back package?

Responses available from Oregon's Kitchen Table upon request.

6. Would you ask for a mail-back package by going on a website or calling by phone?

RESPONSE CATEGORY	N=610
Yes	73%
No	13%
I'm not sure	14%

7. If you answered "No" or "I'm not", please share why. Please mark all that apply.

RESPONSE CATEGORY	N=221
It takes too much time.	19%
It's too complicated or there are too many steps I have to take.	37%
It's not comfortable having someone send me something to my home or other address I provide.	17%
I might ask for it, but I don't think I would use it.	10%
Other	17%

8. Another way for people to turn in medicines they no longer want is at a public event where law enforcement would be there to make sure that medicines are stored safely. Most often these are community events like county fairs or events where you can get rid of household products like paint or cleaning products.

Would you turn in medicines you no longer want at an event like this?

RESPONSE CATEGORY	N=609
Yes	50%
No	27%

I'm not sure	23%
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9. Are there any important events in your community where people might feel comfortable dropping off medicines they no longer want? Please share the names, places or dates that you know of:

Responses available from Oregon's Kitchen Table upon request.

10. What are trusted ways to share information about how people can turn in their unwanted medicines? Please mark all that apply.

RESPONSE CATEGORY	N=1,923
Through people that I or others in my community know and trust. This could be doctors, pharmacists, community elders, clergy or religious leaders, elected leaders or community health workers.	22%
Signs or posters in public places	19%
Social Media like Facebook, Instagram, Twitter, Tik Tok or Clubhouse	14%
Other types of media like tv, radio, newspapers or online news sites	22%
Postcards or flyers in my mail	21%
Other	2%

11. What are the ways you or your community want to continue to stay engaged about whether the services are easy for you to use or any updates about the program? Please mark all that apply.

RESPONSE CATEGORY	N=1,971
Through surveys like this	12%
As part of community meetings that I or people in my community already attend	8%
Meetings set up specifically about the Drug Take Back program	3%
Exchanges on social media like Facebook, Instagram, Twitter, Tik Tok or Clubhouse	7%
Through my doctor or other health care providers	17%
Through my pharmacist or where I get my medications	23%

Email	16%
Mailings to my house	14%
Other	<1%

12. What might make it hard for you or people you know in your community to take part in the Drug Take Back Program? This could be your family, friends, neighbors, colleagues or classmates.

RESPONSE CATEGORY	N=925
There aren't any places where people could drop off unwanted medicines in our community.	19%
It takes too much time.	13%
It's too complicated or there are too many steps people have to take.	19%
People I know would be concerned about their privacy.	19%
People I know don't have a way to get to any of the places where they can drop off unwanted medicines, get a mail-back packet, or attend an event.	18%
People I know wouldn't feel comfortable or safe returning their unwanted medicines.	8%
Other	5%

13. Is there anything else you would like to share about what might make it easier for people to safely dispose of unwanted medicine?

Responses available from Oregon's Kitchen Table upon request.

We will now ask some questions about you. The state requires that the Drug Take Back Program includes engaging with “minority, lower-income, rural and other historically underserved communities”. Your responses will help let us know we are hearing from the whole community. You can choose to answer these questions or not.

14. Which races and/or ethnicities do you consider yourself to be? Mark all that apply.

RESPONSE CATEGORY	N=626
Asian / Pacific Islander	3%
Black/African American/African/Caribbean	1%

Hispanic/Latino	3%
Middle Eastern / North African	<1%
Native American/American Indian/Native Alaskan	1%
White/Caucasian	86%
Choose not to answer	6%

If you would like to share in your own words how you describe your race, origin, ethnicity, ancestry and/or tribal affiliations, please use this space:

Responses available from Oregon’s Kitchen Table upon request.

15. What is your zip code?

Responses available from Oregon’s Kitchen Table upon request.

16. Do you consider yourself to be living with low-income?

RESPONSE CATEGORY	N=608
Yes	9%
No	89%
I’m not sure	2%

17. What language do you want to get information in? Please choose all that apply.

RESPONSE CATEGORY	N=624
English	97%
Mandarin or Cantonese	<1%
Russian	<1%
Somali	<1%
Spanish	2%
Vietnamese	<1%
Other (please describe) _____	<1%
Choose not to answer	<1%

18. How old are you?

RESPONSE CATEGORY	N=618
Under 18 years old	<1%
18 to 30 years old	<1%
31 to 40 years old	4%
41 to 55 years old	19%
56 to 65 years old	16%
66 to 75 years old	26%
More than 75 years old	31%
Choose not to answer	3%

SAFE MEDICINE RETURN IN OREGON

LANGUAGES 简体中文 | English | Русский | Somali | Español | Tiếng Việt



0%

INTRODUCTION

The state of Oregon has a new program to make sure people have ways to get rid of unwanted medicines safely. The program gives people places to turn in unwanted medicines rather than throw them away or flush them. This program is called the Drug Take Back Program.

The state would like to know what the easiest way would be for you to turn in your unwanted medicines safely. Would you please fill out this survey to share your thoughts about that?

You are a part of the community and your input means so much. Your answers will help make it easier for all of us as we try to make sure we safely get rid of medicines we no longer want.

Please fill out this short survey if you live in Oregon. You and others can fill it out until June 18, 2021. We will share these results with MED-Project. We will also put results on our website (<https://www.oregonsitchentable.org/results>), and we will send you a link to the results.

We value your opinion! Please invite your friends and family to fill out the survey, too.

All answers will be private. We will not tie them to your name or contact information.

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药物安全弃置计划

语言 简体中文 | English | Русский | Somali | Español | Tiếng Việt



0%

介绍

俄勒冈州制定了一项新计划，以确保我们州内的人员有办法安全地处理不需要的药物。该计划为人们提供了交出不需要药物的地方，而不是扔掉或冲掉这些药物。此计划称为“药物安全弃置计划”。

州政府想知道对您而言安全地交出您的不想要药物的最容易的方法是什么。能否请您填写这份调查，以分享您对此的想法？

您是社区的一员，您的意见意义重大。您对本次调查的回答将有助于我们大家更轻松地尽我们所能，确保我们安全地处理我们不再需要的药物。

БЕЗОПАСНО ИЗБАВЛЯЙТЕСЬ ОТ НЕНУЖНЫХ ЛЕКАРСТВА

ЯЗЫКИ 简体中文 | English | **Русский** | Somali | Español | Tiếng Việt



ВВЕДЕНИЕ

Правительство штата Орегон объявило о новой программе, открывающей перед жителями нашего штата возможность безопасно избавляться от ненужных медикаментов. Этой программой предусмотрены пункты, в которых люди могут сдавать ненужные медикаменты вместо того, чтобы их выбрасывать или спускать в канализацию. Эта инициатива называется «программой возврата лекарств» (*Drug Take Back Program*).

Правительство штата хотело бы знать, в чем, по вашему мнению, заключается самый простой способ безопасной сдачи ненужных медикаментов. Не могли бы вы, пожалуйста, заполнить этот вопросник и поделиться вашими мыслями по этому вопросу?

Вы — представитель всего населения, и ваш вклад имеет большое значение. Ваши ответы, полученные в ходе опроса, упростят для всех нас задачу безопасной ликвидации медикаментов, необходимость в которых уже отпала.

Пожалуйста, заполните этот краткий вопросник, если вы живете в Орегоне. Вы и другие участники опроса можете это сделать до 18 июня 2021 года.



BARNAAMIJKA FOGAYNTA DAAWADA SI AMAAN AH

LANGUAGES 简体中文 | English | Русский | **Somali** | Español | Tiếng Việt



HORDHAC

Gobalka Oregon wuxuu hayaa barnaamij cusub oo loogu talagalay in lagu xaqiijiyo in dadka ku dhaqan gobalkeena ay helaan qaabab ay si amaan ah iskaga fogeeyaan daawooyinka aan loo baahnayn. Barnaamijku wuxuu dadka siinayaa goobo ay geeyaan daawooyinka la nacay halkii ay iska tuuri lahaayeen ama bulaacada ku falaashi lahaayeen. Barnaamijkaan waxaa la yiraahdaa Barnaamijka Fogaynta daawada si Amaan ah.

Gobalku wuxuu doonayaa inuu ogaado qaabka ugu wanaagsan ee aad u celin karto daawada aad nacday si amaan ah. Fadlan ma naga saawinaysaa buuxinta xog aruurintaan si aad noola wadaagto fikradahaaga ku saabsan arintaas? Waxaad qayb ka tahay bulshada fikirkaaguna wax badan ayuu nooga dhigan yahay. Jawaabahaaga xog aruurintaan ayaa gacan ka gaysanaysa inay noo fududeeyaan dhammaanteen intaan iskudayayno xaqiijinta inaan si amaan ah u qubno daawooyinka aan nacnay.

Fadlan buuxi xog aruurintaan kooban haddii aad degan tahay Oregon. Adigga iyo dadka kalaba waxaad buuxin kartaan ilaa laga gaaro Juun 18, 2021.

PROGRAMA DE DESECHO DE MEDICINAS

IDIOMAS 简体中文 | English | Русский | Somali | **Español** | Tiếng Việt



0%

INTRODUCCIÓN

El estado de Oregon tiene un nuevo programa para asegurar que las personas tengan manera de desechar sus medicinas de forma segura. El programa ofrece sitios a donde llevar las medicinas que ya no quieren en vez de tirarlas a la basura o por el drenaje del baño. Este programa se llama Programa de desecho de medicinas. En inglés se llama *Drug Take Back Program*

Al estado le gustaría saber cuál sería, para usted, la manera más fácil y segura de entregar las medicinas que ya no quiera. ¿Podría hacernos el favor de llenar esta encuesta para decirnos qué piensa de esto?

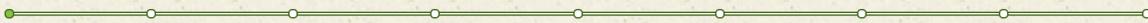
Usted es parte de la comunidad y valoramos mucho sus comentarios. Sus respuestas nos ayudarán a todos a hacerlo más fácil desechar de manera segura las medicinas que ya no queremos.

Por favor llene esta breve encuesta si vive en Oregon. Podrá llenarla hasta el 18 de junio, 2021.



LOẠI BỎ CÁC LOẠI THUỐC KHÔNG CÒN CẦN DÙNG MỘT CÁCH AN TOÀN

NGÔN NGỮ 简体中文 | English | Русский | Somali | Español | **Tiếng Việt**



0%

GIỚI THIỆU

Tiểu bang Oregon có một chương trình mới để đảm bảo người dân ở tiểu bang có cách loại bỏ các loại thuốc không còn cần dùng một cách an toàn. Chương trình cung cấp cho mọi người nơi để gửi lại những loại thuốc không còn cần dùng thay vì vứt bỏ. Chương trình này được gọi là Chương trình Thu hồi Thuốc (Drug Take Back Program).

Tiểu bang muốn biết cách dễ nhất để quý vị có thể loại bỏ các loại thuốc không còn cần dùng của mình một cách an toàn. Quý vị có thể điền vào bản khảo sát này để chia sẻ suy nghĩ của mình về điều đó không?

Quý vị là một phần của cộng đồng và ý kiến của quý vị mang ý nghĩa rất lớn. Câu trả lời của quý vị cho bản khảo sát này sẽ giúp mọi việc dễ dàng hơn cho tất cả chúng ta khi chúng tôi cố gắng đảm bảo loại bỏ các loại thuốc mà chúng ta không còn cần dùng một cách an toàn.

Vui lòng điền vào bản khảo sát ngắn này nếu quý vị sống ở Oregon. Quý vị và những người khác có thể điền bản khảo sát đến ngày 18 Tháng Sáu, 2021.